

# The Honorable Elissa Slotkin

7<sup>th</sup> Congressional District, Michigan

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## PRIVACY AUTHORIZATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

ID #: \_\_\_\_\_ Check one: ☐ SSN (For Social Security Admin./VA Casework Only)

☐ Alien # ☐ Other (please specify)

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: : \_\_\_\_\_ State: MI Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pursuant to the Privacy Act of 1974 (5 U.S.C. 552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to Representative Elissa Slotkin (MI-8) and her staff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and upload the completed form when you submit your casework request at [slotkin.house.gov/help-federal-agency](http://slotkin.house.gov/help-federal-agency)

If you have any questions please contact my district office at (517)993-0510.

**Please Explain the Problem:**

**How can Congresswoman Elissa Slotkin assist you with this matter?**

**Have you contacted any other congressional offices? If so, whom did you contact and what was the outcome?**

**How did you hear about Congresswoman Slotkin's casework services?**

- ☐ Word of mouth ☐ Internet search ☐ Social media post ☐ Resource fair ☐ Community bulletin board
- ☐ Newsletter from an organization or group ☐ Postal mailing ☐ Electronic mailing
- ☐ Calling Congresswoman Slotkin's office ☐ In person meeting or event with Congresswoman's staff
- ☐ In person meeting or event with Congresswoman ☐ Reviewing Congresswoman Slotkin's website
- ☐ Online meeting or event with the Congresswoman
- ☐ Online meeting or event with the Congresswoman's staff
- ☐ Other

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